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REMARKS ON THE OPERATION FOR STRABISMUS.

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HAVING witnessed a great number of operations for strabismus, I have been surprised at the diversified results immediately attendant thereon; indeed, I know of no operation so satisfactory to myself both in theory and practice, that has been productive of more opposite consequences, even in the hands of some of the most astute of our surgeons. After a close examination, and a fair share of practice, I have formed the conclusion that no case proper for the operation should fail. I hope that a few hints will not be unacceptable to your readers; they are the result of sixty-one successful cases, having as yet had the good fortune to avoid a failure.

The method of examining a patient in order to discover which eye is really affected, may be thought to require little notice. This, however, is important. The following will illustrate it. A lady called upon a very eminent practitioner, and requested him to operate upon her right eye. He remarked that he saw no objection to operating on both at the same time; but she replied that the right eye only was affected. He insisted on the contrary, and refused to operate unless upon both. The lady would not submit, and incidentally fell under my notice. Well knowing the general sagacity of the gentleman, I felt the importance of a rigid scrutiny, especially as the lady herself by no means lacked acumen, rendered more evident by the ludicrous management of her eyes, whilst relating with great volubility her conversation with the doctor. I might as well say, what I subsequently learned, that this was the first case the gentleman had examined.

Fixing my eyes upon the bridge of her nose, and directing them alternately to either eye, I perceived that the left was indeed the most affected when viewed at the ordinary conversing distance; but the other was also at least two lines too far towards the nose. Increasing my distance from the patient, lessened the obliquity. On inquiring into her occupation, I found it to be needle-work; and on questioning her with regard to the sight of the right eye, she informed me it was good, though not *quite so good as the other*. Yet the *pupil was enlarged and motionless*. No female likes to hear of personal defects; so I said nothing, but immediately saw how the case stood—the right eye being almost if not quite useless, the patient depending entirely on the left, and being moreover

obliged constantly to view objects very near to it. The adductor muscle of the left eye was most constantly in use—which, by the way, I take to be the reason why the converging squint is the most frequent. Desiring the patient to fix her eye steadily on mine, at a distance of several feet, the pupil not only retained its proper axis, but without fatigue to the external rectus. This was proof enough. I operated on the right eye with success, and interdicted sewing. The patient has now not only perfectly straight eyes, but is rapidly gaining the sight of the right one.

This method of examination I have continued to follow, and find its results satisfactory. I am not aware that traumatic cause has been mentioned as productive of permanent strabismus. Such a case has, however, presented itself to me, where an operation had been attempted for its relief; of course it was ineffectual. A violent contused wound, at the outer canthus, had caused the effusion of so much lymph as effectually to prevent the action of the inner muscle; the case was of several years' standing. Here the diagnosis was plain, and should have prevented the operation. Another case was brought to me where a contusion had produced contraction of the integument at the inner canthus, the globe retaining its proper axis; yet there being none of the albuginea visible, the case was taken for a squint. Here I performed the operation of removing a piece of integument of a semi-circular form. This in a good degree remedied the defect, by drawing the integument from the globe.

The operation for strabismus has been performed in a great many ways. For myself I have always been attached to the method that required the least assistance and change of instruments. Having performed the operation sixty-one times, I have from the first avoided entirely the use of the two or three tined hook, or any other instrument to draw the eye outward, contenting myself with a blunt-pointed scissors slightly curved, and a blunt hook. With the former a snip or two is made two or three lines below the situation of the muscle, and as far inward as will avoid wounding the caruncula lachrymalis. This enables me to introduce the hook: it should be done with sufficient decision to make it penetrate at once to the sclerotic coat, and be boldly introduced under the muscle. A free and decisive effort gives less pain, and is much the most certain of success. The shape of the blunt hook is very important; if it be slightly curved, it is very apt to slip from under the muscle. It should be in its curved part, half a circle, of half an inch in diameter. This can be introduced under the muscle with as much facility as a hook but slightly curved, and when there, it will approximate the fibres, and present them fairly to the scissors, so that a single cut may divide them with all the superimposed conjunctiva. The elevation of the lid, by an assistant or any mechanical contrivance, is unnecessary; this full curve of the hook will itself separate the lids sufficiently, when fairly introduced, to enable the operator to divide the muscle in a satisfactory manner. His own fingers will amply suffice for separating the lids, when making the incision through the conjunctiva, and introducing the hook. It is not necessary to see the tendon when dividing it. This is Guérin's method.

There are cases in which the operation is not instantly successful. A few hours may elapse before the pupil becomes central, even if the

muscle is fairly divided. The following case will illustrate this. I operated on Mr. H., aged 23, for strabismus divergens. He had the power of turning the globe towards the nose with great facility, though the diverging squint was so decisive, as to render the white at the external canthus almost invisible. On dividing the muscle, the eye retained its position. Much surprised at this result, I passed the blunt hook repeatedly over the sclerotic coat, and found the muscle divided to my satisfaction. It instantly occurred to me that the inner muscle might want time to regain its power; but on requesting the patient to make an effort to turn the eye still further outward, to my surprise he did it distinctly. This seemed again to indicate failure in dividing the muscle. Repeated trials satisfied me, as well as an eminent friend, that this was effectually done, the albuginea presenting a smooth surface. At my friend's suggestion, I divided the conjunctiva more freely, both above and below. Still the patient constantly retained the *voluntary* power of turning the eye outward.* The next morning the eye was perfectly straight, and continues so. The proper explanation of this case may doubtless be found in the external fibres, and perhaps the whole of the superior and inferior recti muscles, assuming between them the office of the abductor muscle. In truth they had been constantly acting to produce the same result as the abductor, during the patient's whole life time. This result in my opinion must follow when the globe loses its equipoise outward. I have seen no case in which I thought the practice of dividing the inferior or superior oblique muscles at all necessary; indeed it is difficult to conceive them to act in any other way than as antagonists to the recti muscles, besides the slight rolling motions they are known to perform. I regret that any unfortunate results should have attended this beautiful operation, and hope that these few remarks may help to shield it from unmerited aspersion. Danger to the eye, there is none, unless in the most barbarous hands.

March, 1842.

TRAVELS IN EUROPE AND THE EAST, BY VALENTINE MOTT, M.D. & P.

[Communicated for the Boston Medical and Surgical Journal.]

It may, perhaps, be deemed unnecessary to call the attention of the profession to this work of our distinguished countryman; for so wide spread is his reputation, that whatever falls from his lips or his pen will be eagerly sought after, and as faithfully treasured up and pondered. Honored as Dr. Mott has been at home, and none have been more so, no one has conferred greater honor, in return, upon our country abroad, or contributed so successfully to exalt the character of the profession in the United States, in the estimation of foreigners. Gratifying, indeed, must it have been, to be hailed as the *first living surgeon*, by the very Nestors and patriarchs of European surgery, and to receive those honors, usually paid only to crowned heads. To say that Dr. Mott's foreign tour was but a continued triumph, would be but a simple expression of the truth; and for

* Is not this fact proof that the recti muscles were the agents in this movement?

this we are rather indebted to his *campagnons de voyage*, than to his own account of his travels. Wherever he went, even to the country of the pyramids, and the moslem, he found his fame had preceded him; and had he continued onward by the overland route to India and thence to China, and home by the Pacific and the Rocky Mountains, he doubtless would have found that his name had gone before him, and his reputation had out-travelled him. And yet, hailed by acclamation, on both sides of the Atlantic, as *the great American surgeon*, Dr. M. has borne his honors meekly as the humblest; instead of trumpeting his own exploits, as some have thought it their duty, and found it necessary to do, he has in numerous instances left it to others to describe his masterly operations, and publish to the world his brilliant achievements in operative surgery.

So ardent is the strife for professional eminence, that blind jealousy too often seeks to pluck from the brows of merit the well-earned laurels, with which fame has entwined them; but in the present instance, so transcendant have been the achievements of our countryman, that even jealousy, envy and detraction have stood abashed; and all have united in tendering that meed of honest praise, so frequently but the award of posterity!

It is impossible, within the limits of a short notice like the present, to convey any adequate idea of the contents of the work with which Dr. M. has favored us. A great portion of it is devoted to such subjects as are particularly interesting to the profession; matters relating to medical science; details of interviews with some of the most distinguished physicians and surgeons of the age; visits to the more celebrated hospitals, museums and medical schools; an account of the various endemial and epidemic diseases which prevail in the countries which were visited; remarks on the physical and social relations, habits and customs, mental and corporeal pursuits, localities and climates; in short, everything which seems to illustrate the progress and present condition of medicine and surgery, appears to have fallen under his notice, and is faithfully recorded "for our learning."

A few brief extracts will serve to show the style and character of the work.

"*Roux, of Paris.*—Upon M. Roux, the distinguished successor of Dupuytren, it is my duty as well as my pleasure to bestow a passing encomium for his surgical attainments and personal worth. He possesses in an eminent degree the high-minded qualities of a private gentleman and the true attributes of a great surgeon. A steadiness and a boldness of execution are prominent traits in his character as a surgeon. This confidence emanates from the immense opportunities he has had in the practice of his profession. One instance will illustrate the truth of my remark. But a few days before I left Paris, and next to his last visit to my house, he insisted upon my coming to witness some of his operations for the last time; after which, in walking with him from the Hospital, and in speaking of his frequent performance of certain operations, he stated to me that he had *extracted the cataract* more than *six thousand times*; and having just witnessed him perform the lateral section of *lithotomy*, and bestowed upon it my commendation, he added that he ought to be

expert in it, having performed that important operation about *six hundred times!*

"*Velpeau.*—My next interview was with the justly distinguished Velpeau, a surgeon with whom I had long been in correspondence, and whom I felt that I already intimately knew before the pleasure I had of meeting him face to face upon his own element in the noble Hospital of la Charité. No man could have treated a brother more kindly and cordially than he did me. Velpeau ought to be the admiration of every one, for, from the humblest beginning of an uneducated, poor boy, he has, by his own unaided efforts and unflinching ambition, risen to the most distinguished rank in his profession. He is an able operator, an admirable teacher, a profoundly minute anatomist, and by far the most scientific and best-read surgeon I have ever met with. His works, apart from his lectures, give abundant evidence of the truth of this remark.

"*Civiale.*—But the Hospital of Necker must not be forgotten: for here presides the ever-illustrious and unrivalled Civiale, the projector and the author of that greatest of all triumphs for science and humanity, of that master-innovation in the treatment of calculus, the operation of *lithontrity*. How much pain, how much agony, has not this great and good man saved to his fellow creatures! And how perfectly in keeping with his mild and unpretending demeanor, and his benevolent heart, has been the victory he has gained over one of the most afflicting and excruciating torments which it is the lot of mortals to endure. Civiale is, in truth, one of the noblemen of our profession, in all the charities that adorn our nature. In his speciality, of all the men I have ever seen, for delicacy of tact and adroitness of execution, he surpasses. It is utterly impossible for any one to imagine the highly finished style of his manipulations. I have often remarked to the pupils of our country during my residence in Paris, that a visit to Civiale would alone amply compensate them for their journey to France; and that it was worth all the expense to a young man to learn a lesson from him. For it would teach him, above all other things, what apparently almost insurmountable obstacles persevering resolution and matchless skill in the use of instruments can overcome. Happily for the honor of mankind, and for the gratitude of those who owe to him their exemption from the anguish of a distressing and excruciating malady, he has been richly rewarded for his noble discovery, and amassed a fortune which is not exceeded by that of any of his brethren in the French capital.

"*Broussais.*—Immediately following his death, a bronze statue of this eminent physician, of the size of life, was cast by order of the Institute. I saw it at the foundry. He is seated in the chair of his library; his noble form, of Roman-like grandeur, stern as he looked—erect and commanding. Under one foot, prostrate in the dust, lie the ponderous tomes of Hoffman, Boerhaave, Van Swieten and Cullen, occupying the position in which his doctrines placed these justly-revered fathers of medicine, who for him had lived and labored in vain. In his right hand were seen the volumes of his own dear system of physiological medicine. Alas, what presumption! Great as was the merit of Broussais, is it not consummate weakness, pride and folly, to have falsely represented him

thus, as having annihilated, by one stroke of the pen, such treasures of wisdom and of practical experience, of laborious research and profound acumen, as are scattered like pearls and diamonds through the pages of these immortal authors?

"*Baron Larrey.*—At the age of almost *fourscore*, this veteran in surgery, having survived a *hundred campaigns*, reposes upon his laurels in his favorite capital. Did ever any man, in ancient or modern times, witness one-tenth or one-hundredth part of the bloody scenes of battle that he has participated in? What surgeon has ever looked upon and been in the midst of such awful carnage? From the burning sands of Egypt, to the frozen snows of Russia, and the final close of the drama at Waterloo, he was ever by the side of his beloved chieftain.

"He told me on one occasion—for I may with pride say that I enjoyed the intimacy of this great surgeon, whom Napoleon, in his will and elsewhere, often speaks of as 'the best of men'—that for twenty years of his life he slept, it may be said, on the same straw, and was wrapped in the same cloak, with his great master.

"I very much question whether any man since the days of Ambrose Paré, ever enjoyed the confidence and esteem of the whole army as much as Larrey. This I myself have witnessed again and again in his walks through the Hospital of the celebrated Invalides at Paris, of which he was Surgeon-in-chief. It was delightful to behold the almost religious veneration with which his old companions in arms received and welcomed him as he passed from bed to bed. The eyes of these decrepit warriors would glisten with joy at his approach; and if sad from suffering, he would cheer their drooping spirits by recounting to them some memorable victory in which they had both participated. I have heard him sound in their ears the magic words, Lodi! Marengo! Austerlitz! and Mont Tabor! and the effect was electric and wonderful. It was like the neighing of the war-horse at the sound of the trumpet. Can this be wondered at, when they saw in the person of Larrey the very form and figure—'the counterfeit presentment'—of their great captain; and when they saw and knew too, that the favorite *tri-cornered chapeau* which Larrey wore on his head as he walked from ward to ward, was that identical hat, made for and worn by Napoleon himself, and by him presented to Larrey, because, as Napoleon delicately remarked, it seemed to fit him best. This incident of the present of the hat was related to me by Baron Larrey on one occasion, when I was accompanying him through the Invalides, when he pleasantly transferred the hat from his own head to mine, and added that *that* hat Napoleon had worn.

"As an illustration of his immense experience, he told me that he amputated *fourteen arms* at the *shoulder-joint* the morning after the battle of Wagram, and that he performed more than *two hundred amputations* after the battle of Austerlitz; and persevering in his efforts to relieve the wounded soldiers, his knife fell powerless from his exhausted hand.

"*M. Seutin.*—Netherlands has produced men of great merit in our profession; among whom I must be permitted to name M. Seutin, the author of the new system of healing fractures, now much adopted in that country and in France, denominated '*La Bandage Immobile*,' or

'*L'Appareil Amidonnée*,' so called from the starch or *dextrine* with which the bandages are saturated, forming, when they and the successive layers of pasteboard are dry, an *immoveable* encasement to the limb, as much so as if it were enclosed in a dried paste envelope of plaster of Paris. An admirable contribution to practical surgery under many circumstances.

"We had the happiness of knowing the author, and of being shown by him every step of the process, and of hearing his proofs and arguments in favor of it. As is natural to an inventor, he is perhaps more enthusiastic in its favor than many who listen to and witness his illustrations. Many surgeons, with great justice, will object to the immediate application of this apparatus at the moment of fracture, and of this number we profess ourselves to be, from a fear of the perfectly inelastic character of the *appareil*, and the natural tendency we all know there is to vesications and excoriations when a recent fracture is too tightly bandaged, and the heat thereby is made to accumulate.

"From instances which I have known of severe inflammation caused by this practice, extending frightfully through the limb, and from suppurations permanently impairing the functions of motion, I would advise great circumspection in the use of it immediately after a fracture.

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"But unquestionably, after the inflammatory symptoms have subsided, this process adds vastly to the comfort of the patient, and abridges greatly the irksomeness of confinement.

"Seutin, however, stoutly maintains that an important part of the efficacy of his method consists in its immediate application after an injury. He cited to me examples of attempts made to depreciate his practice, in which the application was delayed for a number of days instead of being used instantly, as he insists it should have been.

"In army practice, where soldiers are to be transported, and in civil life also, under such circumstances, Seutin's method will be in every point of view justified.

"As for ourselves, we admire the simplicity, the everything surgical, in the admirable dressings of the *modern father of military surgery*, Baron Larrey.

"His flat and cylindrical cushions of rolled-up straw sewed in common linen cloth, composed thus of materials accessible on all occasions, and which are placed longitudinally next to the limb and beneath the splints, forming with the latter an open framework around it, have an advantage over all other dressings, by their elasticity, coolness and cleanliness, and at the same time giving an opportunity for the limb to be daily examined.

"This simple and cheap apparatus is, in fact, an imitation of Nature herself in the adjustment of the action of the long muscles, by which their antagonist powers, in an unfractured healthy limb, exert, like so many levers, a proper equipoise of extension and flexion in preserving the bones in a correct position upon their hinges or joints.

"*Hospitals in Vienna.*—There is an immense civil general hospital connected with this school, and it is, in my opinion, the best regulated, the most perfectly neat and admirably ventilated, and the most practically

useful in all its arrangements, of any establishment of the kind in any part of the world. They have adopted a practice there deserving of imitation everywhere. In consists in placing at the head of the bed of every patient a *label*, with a brief history of the case, and all the prescriptions which are addressed to the malady. This gives great facility to the student, and to all professional persons who visit the hospital, thereby enabling each not only to see the name of the disease and the method of treatment pursued, but sparing also the patient from the annoyance of harassing interrogatories, one of the greatest evils to the sick in public institutions. We trust this practice will sooner or later be universally adopted.

"The hospital, including the ophthalmic department, is composed of no less than *twelve spacious quadrangles*, and accommodates about *four thousand* patients, which will give you some idea of its astonishing magnitude.

"Yet, besides this, there is a large *military* hospital, with a rich, extensive, and most beautiful museum, altogether furnishing, with the *civil* establishment, unsurpassed opportunities for professional instruction, and made admirably and usefully tributary to the University, one of the most flourishing in Europe.

"Though this University is not distinguished for the promulgation of any particular doctrines in medicine, nor for having struck out any new path in operative surgery, the professors nevertheless are eminent in their respective branches; and though they have, for the most part, not wandered far out of the usual routine of practice, still their course has been *pari passu* with the great improvements of the day; and as an evidence of the reputation they enjoy, they attract to the capital from six to eight hundred pupils annually.

"Among others of our profession at Vienna who are ably endeavoring to advance the reputation of sound medical science on the only secure basis upon which it can march, that of practical experience at the bedside, and in autopsic examinations, we must, before concluding our visit to this capital, not omit to mention Professor Rokitansky and Dr. Akoda. The former (Rokitansky), professor of pathological anatomy, availing himself of the wide field of inquiry which his position gives him, has, after years of the closest and most diligent application, recently published a work, than which none was more wanted by the profession; and which, being a faithful description of what he himself saw in more than *twelve thousand dead bodies*, and a well-digested theory of the greater number of morbid processes, which he has minutely traced throughout their stages, will form a most invaluable accession to pathology and therapeutics. Akoda, now *Primarius* in the General Hospital of Vienna, has, after a number of years of the most laborious application to the subject of percussion and auscultation, brought out a great work on those modes of applying the principles of acoustics to the illustration of pathological phenomena, which will probably give it the precedence over all others. It is founded wholly on his own observations on the living subject, confirmed by numerous post-mortem examinations. Akoda believes that he has succeeded in reconciling nearly all the phenomena of

respiration, circulation, &c., with the laws of physics as observed in inanimate matter. I am gratified in being able to announce that my friend, Dr. Arthur Fisher, an American physician, now abroad, is engaged in translating both the above works into the English language."

Such are a few sketches taken at random from the pages of the work. They will suffice to show that our commendation is not unmerited. We trust that the amiable author may live many years, and shed additional lustre upon the science which he has done so much to honor and improve.

L.

ENURESIS—A CASE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As pathologists attribute the origin of this troublesome disease to different causes, I have drawn up the following particulars of a case which came within my observation, for publication, provided you think them worthy.

Miss Emeline Wilcox, aged 15 years, of tolerable good health, and rather of a sanguine temperament, was attacked with *enuresis*, free from any pain, but with a sense of weakness in the lower extremities. The power of retention was much diminished when walking, or in a standing position. Six months after the commencement of these difficulties, she became subject to severe lancinating pains, at times, in the lumbar region and vicinity. From this time the urine exhibited a muco-purulent character, which continued till her demise, which took place the 5th of January last. At times the maxillary glands would become very much enlarged, exhibiting a scrofulous appearance, and then would approximate to their former condition. For the last six months she had a hacking cough, but it was at no time severe; nor was expectoration as profuse as would be expected from the abnormal appearance of the lungs. The treatment in the first part of the disease was such as is generally practised in enuresis—viz., blisters to the lumbar region, tinct. cantharides, balsam copaiva, tonics, &c. The treatment in the last part I am not able to give, as it has been mostly empirical.

The body was examined twelve hours after death, by Drs. C. Spencer, J. Crowley and L. W. Guernsey. The following are the pathological appearances, as given me by my preceptor, L. W. Guernsey, not being present myself.

Right lobe of the lungs studded with tubercles, and mostly in a state of suppuration. Left lobe filled with tubercles, but not in so general a state of suppuration as the right. Heart and liver exhibited their normal appearances, excepting some adhesions of the liver. Mesentery tuberculous. Kidney and ureter on the left side natural. Kidney on the right side diminished in size, and completely filled with pus, some of which had escaped among the pelvic viscera. Ureter enlarged to the size of a man's little finger. On removing the bladder and cutting into it, the parietes were found thickened to nearly half an inch, and to the eye it was capable of holding not more than three ounces of fluid; it contained a quantity of scrofulous pus, and its mucous coat was almost

entirely destroyed by ulceration. Uterus and its appendages natural. The stomach, near its cardiac orifice, presented a perforation, caused by an ulcer of sufficient size to emit its contents; otherwise it appeared natural. Head not examined.

As no calculi were detected in the bladder or kidneys, which is to most pathologists the grand nucleus of their theory respecting the cause of this malady, I have thought that it is oftener the consequence of renal mischief, whether there are calculi or not, than is imagined; and the affection of the lungs, &c. is only (as in my opinion was the fact in this case) a secondary trouble originating from an inflamed state of the membranes, which are well known to be very intimately connected. There is no doubt but the proximate cause of incontinence can sometimes be discovered to be some fault in the assimilatory organs employed in converting alimentary substances into the proper animal fluids; but it is oftener owing to some primary excitement, a morbid action originating and seated in the kidneys themselves.

LEVI ALDRICH.

Shrewsbury, Vt., February, 1842.

ON MUCO-PURULENT SECRETION OF THE ANTRUM MAXILLARE.

BY S. P. HULLIHEN, WHEELING, VA.

THIS somewhat rare but painful disease is, doubtless, the result of a morbid secretion of the membrane lining the antrum maxillare. It is evidently constitutional in its nature, and probably of a scrofulous character.

Like most diseases of a constitutional diathesis, it appears to be always more or less mild or malignant, just in proportion as the constitutional taint or predisposition is strong in the patient; and this must serve to explain the great difference in the severity of the disease in different patients.

Among the first indications of the disease is a slight inflammation in the pituitary membrane, and differing only from a common cold in being almost exclusively confined to one nostril. As the inflammation progresses, the nostril, in consequence of a thickening of its membrane, closes; the tonsil of that side becomes enlarged; the eye always filled with tears, and a yellow watery discharge is almost continually flowing from the nose on the affected side. The length of time the disease is assuming this stage differs very widely in different cases.

The second stage is marked by a slight fetid muco-purulent discharge from the nostril, which in severe cases is of a very thick consistence. The yellow watery discharge still continues, but generally not so frequent as the purulent form. The thickening of the pituitary membrane gradually subsides, the nostril opens, and in this situation the disease remains for a shorter or longer period, until the antrum, which is scarcely ever suspected of being involved in the disease, becomes filled with an altered secretion from its lining membrane.

If then the disease is mild in its form, a pain of neuralgic character will probably be felt over the eye for some time. Then a slight uneasiness in the antrum, and often a sensation of fulness on that side of the

face. The discharge from the nostril will be sometimes watery, sometimes glairy, always very fetid, excoriating the nostril and blocking it up with troublesome incrustations. The disease is not unfrequently mistaken for ozœna, and may occasionally remain in the situation just described several years before the walls of the antrum give way, and the true nature of the disease is revealed.

But where the disease is more malignant in its nature, in addition to the symptoms that accompany the milder form, a sensation of great weight or pressure will be felt in the antrum; after which a dull deep-seated pain supervenes; which is followed by an acute pain darting into the ear, through the temple and scalp, and over the eye in the direction of the frontal sinus. The eye waters incessantly; a thin sanious discharge is constantly passing from the nose. The cheek begins to project, the teeth to protrude from their sockets, the walls of the antrum at last give way, and a dark-colored secretion, very thick and fetid, of a slimy consistence, begins to escape through the opening. This generally takes place during the first year of the disease.

Now, in the first stage of this disease, it is evident from the thickening of the pituitary membrane, that the duct between the antrum and nose becomes closed, and judging from the state of this membrane in the second stage, it is likewise evident that the duct re-opens before the antrum becomes filled with an altered secretion. The bursting then of this cavity from an accumulation of secretion within it, does not appear to proceed from the closure of this natural opening, but must be attributed to the character of the secretion itself. In the milder forms of the disease, the secretion being thin, it doubtless is discharged freely through the duct. But in the more malignant, the secretion is of such a consistency as to prevent the possibility of its free escape through such an opening; its accumulation is therefore inevitable, and the bursting of the antrum is the consequence. The state of the teeth appears to have no agency whatever in producing this disease. Where it is most mild, the teeth are sometimes much decayed; and where it is most malignant, they are frequently sound. The apparent soundness of the teeth alone, however, is far from always indicating the true character of a disease in the antrum. A tooth may be apparently free from disease, and yet from the absorption of the gum and alveolus, the fangs may be so much exposed, and the nerve so much irritated from extreme degrees of heat and cold, as to induce inflammation in its internal membrane, and finally suppuration, and an abscess may be the result.

Treatment of Muco-purulent Secretion of the Antrum.—The character of the disease now under consideration, requires both local and constitutional treatment.

On the milder form of the disease a perforation into the antrum, after the manner laid down in the first stage of abscess of this cavity, may be performed. But where the walls have already given way, and where the disease is malignant, the opening should be made with reference to the state of the bony parietes of the antrum, which are generally more or less carious.

Where the bones are but slightly involved, the opening should be made

to embrace if possible all the diseased portion; but where the caries is too extensive for this, the opening may be made of such dimensions as will enable the operator to examine fully the extent of the disease, and to remove with certainty all loose and diseased portions of bone.

After this the patient may be directed to syringe the antrum twice a day with a solution of the chloride of lime, which may be occasionally changed for a solution of the muriated tincture of iron, of lunar caustic or sulphate of zinc. The washes should be very weak at first, and gradually increased in strength until their effects are sensibly felt in the antrum for some time after each washing.

The patient will be now likewise ready for the constitutional treatment, and may be delivered over to a physician to be treated after the manner of other constitutional diseases of a similar nature. If this be neglected, the local treatment may, it is true, often have the effect of gradually diminishing the discharge, and sometimes of checking it entirely for a time, until some derangment in the general health of the patient occurs, and then a renewed discharge from the antrum will most probably ensue. The condition of the general system must be first changed before a cure of this disease can with certainty be effected.—*American Journal of Dental Science.*

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THE STOMACH-PUMP.

The tube of this instrument is to be introduced in the same manner as the œsophagus bougie. It is usual to place a gag in the patient's mouth, having a hole for the tube to pass through, in order that it may not be compressed by the teeth. Before pumping out the contents of the stomach, one or two pints of water should be injected into it, and care should be taken *not to withdraw quite as much* as was injected. More water should then be thrown in, and the process should be repeated till it returns colorless.

The stomach-pump is by no means so universally efficacious as is popularly supposed. It ought only to be employed in those cases of poisoning by opium, or alcohol, or other narcotics, in which the stomach and nervous system are rendered so insensible that vomiting cannot be excited. For in the first place, the operation is not free from danger. It is a well-established fact, that a tube may sometimes be passed into the trachea of a sensible person without creating any peculiar sensation, or exciting cough; but if the patient be insensible, that accident will be much more liable to happen. In fact, a case is on record in which a meddling surgeon, with more zeal than knowledge, did actually pass the tube down the trachea, and injected the lungs with chalk-mixture, which he had far better have permitted his luckless patient to have swallowed quietly; and Sir C. Bell tells us that he has seen on dissec-

tion both lungs filled with broth, which was intended to have been injected into the stomach. Again, it is known that in one case the mucous membrane of the stomach was sucked into the holes of the pipe, and torn into strips—a thing likely to happen if the stomach is pumped too empty. Besides, this artificial evacuation of the stomach is by no means so efficacious as free vomiting, assisted by plenty of diluents. Lumps of arsenic were left in the stomach in the very case just cited, in which the mucous membrane was torn. But yet surgeons have been reprimanded by attorney-coroners, and respectable juries, for not using this instrument, even in cases in which it must have been either useless or injurious. These are the fruits of permitting the office of coroner to be filled by men who have no knowledge of the subjects that they are required to sit in judgment on.

[The above is copied from the 374th page of Druitt's Surgeon's Vade Mecum—an admirable English book of reference, which we regret no publisher has yet ventured to re-publish in this country. Only a few copies of the last London edition have been on sale in Boston, and it is presumed to be quite as scarce in the cities at the South and West. Those who have once examined into its various merits, speak of it in terms of unqualified praise—and we cannot but hope that some enterprising bookseller will soon put it to press.]

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*Lectures to Ladies on Anatomy and Physiology.**—Mrs. Gove, the spirited authoress of this work, is extensively known in all our principal cities as a popular lecturer on the sciences upon which she has now written. Her object has been to instruct her own sex in the great laws of life, by explaining their delicate organization, and the abuses of the age in regard to customs which enfeeble them in youth and shorten their days. A consciousness of being the herald of truth, together with a cogent method of addressing her fair auditors, have undoubtedly contributed to her success in the sphere to which her benevolent labors have thus far been confined. All liberal-minded medical men have given countenance to her efforts, because they saw a need of reformation, and there was nothing objectionable or indelicate for one woman to tell another those important facts which men study with a view to ameliorating their sufferings and promoting their health and longevity. An examination of these published lectures convinces us that Mrs. Gove's power lies chiefly in oral efforts, and that in writing she is less forcible, and therefore less interesting, than when speaking out, untrammelled, from the full fountain of a kind heart. That Mrs. G. has fortified her mind by extensive physiological study, is obvious; and there is merit of a high order in having achieved so much under circumstances the most discouraging, as we understand, in her personal history.

As a matter of principle, we were disposed to like the book, even before its character had been investigated, because the object was praiseworthy, and we entertained a respect for the motives that prompted the authoress to strike out this bold course in a country where ladies have been too negligent of the laws of health, and sometimes apparently proud of being profoundly ignorant of the mechanism of themselves. Anatomy is a delightful and elevating study; and if it is necessary for man to

* Lectures to Ladies on Anatomy and Physiology, by Mrs. Mary S. Gove. Boston: Saxton & Pierce. 12mo., p. 300. 1842.

know its first principles, it can be no less important to females. In saying this, however, we beg not to have any one suspect that we advocate skeletons in village schools, or dissections at tea-parties. Useful knowledge becomes a woman, let it embrace whatever department it may.

But to return to the consideration of the book: it disappoints our expectations in two or three respects, and to prevent a recurrence of its faults in any future edition, we point them out to Mrs. Gove, not to wound her feelings or to humble her ambition, but solely to show that she deserves more commendation than she will get, and to assure her that she need not borrow light, so long as she has a fountain within herself. In the first place, she quotes too much from those who are altogether her inferiors in knowledge. Again, Mr. Graham is the idol of her adoration—a most unlucky predilection. The age of calf-worship has happily passed away. One or two years of thought will convince Mrs. Gove that it is poor policy to engage a passage in a sinking ship. Of all the great farces of the day in which vulgar minds have been made the tools of charlatans and prating mountebanks, the Graham dietetic philosophy is the most grossly absurd; and doubly so, from the unblushing impudence, officiousness, and offensive self-esteem of its propagator. It may gain Mrs. G. the applause of some whom she cannot very highly respect, in thus flattering the over-weening vanity of her magnus Apollo; yet in the end it will operate against both her influence and her prospects.

Having expressed unreservedly just what we feel, we will conclude by saying that we wish Mrs. G. success in every undertaking in which the happiness of our race is concerned. As it might be thought ungallant not to urge our friends to patronize the work, we do so very cordially.

Dr. Handy's Valedictory Address.—This was delivered before the Baltimore College of Dental Surgery, at its second Annual Commencement, February 18th, 1842, by W. R. Handy, M.D., Professor of Anatomy and Physiology. The discourse was well-timed, appropriate, and creditable to the intelligence, learning and literary acumen of the author. We have known enough of the reputation of Dr. Handy for a long while to expect him abundantly able to do credit to himself or to any institution with which he may be associated, on an occasion like the one that has been productive of the address before us. That he is a man of sound discretion, is inferred from the fact that he actually closed when he got to the end: in other words, he stopped when there was no more to be said. One of the lamentable evils of public lectures, and popular addresses, is their interminable length. The doctor's motto, *patientia, perseverentia, et vincit omnia*, is strongly recommended to the craft in general, beyond the precincts of the Baltimore College.

First Principles of Medicine.—Messrs. Lea & Blanchard have furnished the medical public with an American edition of this celebrated production by Archibald Billing, M.D., &c., in a large octovo form of 304 pages, which recommends itself in appearance to the intelligent physician. We have not yet had time for a thorough examination. In the mean while, copies may be had at Mr. Ticknor's, Washington street—one of the principal depots in Boston for medical books.

Dr. Mott's Book of Travels.—Some praise, and more abuse, this book; but till a copy is placed at the disposal of the Journal, we shall of course be wholly unable to judge of the merits of a work that seems to invite severe criticism from all kinds of periodicals.

Berkshire Medical District.—At a meeting of the Fellows of the Massachusetts Medical Society, residing in the County of Berkshire, for the purpose of re-organizing the Berkshire District Medical Society, it was *voted*, "That we now proceed to re-organize this District Medical Society," and the following gentlemen were elected officers: Dr. Wm. H. Tyler, *President*. Dr. Royal Fowler, *Vice President*. Dr. Robert Worthington, *Secretary*. Dr. Millen Sabin, *Treasurer, Librarian and Cabinet Keeper*.

A New American Speculum Ani. Mr. Editor,—It is with no small degree of satisfaction, that we announce to the medical profession, through the medium of your valuable Medical Journal, that Dr. J. T. Pitney, of Auburn, New York, has invented two surgical instruments, which he has denominated "The Forceps—Speculum Ani, with its accompanying Levator."

The distinguished surgeons whose names are given below, have expressed themselves thus in regard to it: "In our opinion, these instruments are altogether superior to anything of the kind we have ever seen or used, for facility of introduction, expansion, and exposing to view, fissures, ulcers, and other diseases of the anus, and lower part of the rectum—by which, applications to these lesions can readily be made and operations performed. We think every medical gentleman in full practice, would furnish himself with these instruments, if he could see them once used, and compare them with other anal specula. They can be had of William R. Goulding, the maker, in this city, at No. 35½ Chatham street, who will also furnish specific directions for the proper manner of using them.

Valentine Mott, M.D.

New York City, Nov. 25th, 1841. John C. Cheesman, M.D."

Died,—In South Berwick, Me., Albert Bartlett, M.D., son of Hon. Ezra Bartlett, of Haverhill, N. H., 27.

Number of deaths in Boston for the week ending March 12, 47.—Males, 21; Females, 26. Stillborn, 1.

Of consumption, 4—scarlet fever, 11—dropsy on the brain, 2—infantile, 2—accidental, 2—dropsy, 2—fever, 1—tumor in the bowels, 1—child-bed, 3—apoplexy, 4—hooping cough, 1—typhus fever, 1—fits, 1—teething, 1—lung fever, 3—old age, 2—rupture, 1—rheumatic fever, 1—disease of the heart, 1—smallpox, 1—worms, 1.

TO PHYSICIANS AND APOTHECARIES.

David F. Bradlee & Co., wholesale and retail Chemists and Druggists, *Central Depot, No.* 19 *Cornhill*, near Washington street and Dock square, Boston, have selected and imported a very choice selection of Medicines and Chemicals from the well-known establishments of Mander, Weaver & Mander, and others, of England; also all the valuable French and other foreign medical and chemical preparations; in addition to which, they have brought together all the superior American preparations, Magendie's and Dunglison's New Remedies, &c.—the whole including all the recent discoveries in medicine and chemistry from each section of the scientific world. They likewise keep constantly on hand, or supply to order, every variety of Surgical Instrument, &c. Dentists also supplied with superior specimens of all the articles used in their practice. Homœopathic Books and Medicines furnished to order.

N. B.—All orders addressed to D. F. B. & Co., as above, or to the publisher of this Journal, will be promptly answered, and every article furnished will be warranted to be as good and as cheap as can be had in this city.

David F. Bradlee,
John W. Warren.

Mh. 16—e3w1y

NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

AT the suggestion of numerous members of the profession in Boston and its vicinity, the subscriber proposes to issue a quarterly medical periodical, to be called "THE NEW ENGLAND QUARTERLY JOURNAL OF MEDICINE AND SURGERY." It is believed that ample materials, of sufficient interest and importance, exist, to support with credit both a weekly and quarterly medical journal in New England. With the approbation of the leading members of the profession in Boston, Charles E. Ware, M.D. and Samuel Parkman, M.D., have been engaged to conduct the editorial department. The warmest encouragement and promises of aid in its support have been given, and the medical faculty of Harvard University, as well as many of the more prominent practitioners of medicine and surgery in this city, have kindly allowed their names to be published in connection with the prospectus, as a testimony of their good will towards the undertaking.

It is proposed to commence the publication in July next, the No. for that month to be issued, if the encouragement is sufficient, as soon as convenient; and after that time the Nos. to appear regularly every three months. Each No. will comprise one hundred and fifty large octavo pages, making an annual volume of six hundred pages. Price $3 per annum, payable on the receipt of the first No.

Boston, March 1, 1842. D. CLAPP, JR., *Publisher.*

As it is desirable that the business connected with this Journal should be transacted, as far as possible, directly with this office, physicians who are desirous of subscribing are requested to send their names to the publisher through their respective postmasters.

JAHR'S NEW MANUAL OF HOMŒOPATHIC PRACTICE.

OTIS CLAPP, 12 School street (up stairs), has just received the above-named work, in two vols., edited, with annotations, by Dr. Hull, of New York. Vol. 1 contains the Materia Medica, and Vol. 2 the Repertory of Homœopathic Symptomatology, with Clinical Remarks. These volumes contain ove, 1400 pages, and their use is indispensable to the Homœopathic practitioner. Price $3 per volume, pa per covers; $4 50, bound. Also just published, Jahr's new Pharmacopœia of Homœopathic Medicine translated by Dr. Kitchen, Philadelphia. Price $3.

Also for sale, the following Homœopathic works, viz.: Hahnemann's Organon, $2; Ruoff's Repertory, $2; Curie's Practice; do. Principles; do. Domestic Practice, $1; Dunsford's Remedies, $3; Jean's Practice, $3; Hartmann on Homœopathic Remedies, $1; Broucke's Diseases of the Alimentary Canal, $0,50; Herring's Domestic Physician, $2. Pamphlets on Homœopathy by Craserio, and Drs. Herring, Eustaphieve, McVickar, Greene, Okie, Channing, Des Gudi, &c.

Also for sale, Homœopathic Medicines in cases, both mahogany and morocco, varying in size and price from $3 50 to $50, and single remedies. Tinctures, triturations, refined sugar of milk, pure globules, vials, corks, diet papers, labels, &c. M 2—tf

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pluggers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

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UTERO-ABDOMINAL SUPPORTER.

THE subscriber having moved from No. 16 Howard street to No. 3 Winter street, would inform medical gentlemen that he still continues to manufacture his *improved* "CHAPIN'S Abdominal Supporters, and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from $2,50 to $7,00, according to the finish. Perineum straps (extra) at 75 cts. to $1,00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to A. F. BARTLETT,

No. 3 Winter, corner of Washington st., Boston.

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THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter. GEORGE W. OTIS, JR.

Chelsea, September, 1841. Sep.8—eoptf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.